



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E416229**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	15-00974	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK METAL SIGN POST

DATE OF COLLISION	04	14	2015	TIME (2400)	2100	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF <input checked="" type="checkbox"/>	CITY #	0664
-------------------	-----------	-----------	-------------	-------------	-------------	----------	-----------	-------	---	---	--------	-------------

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒

SR 92 BLOCK NO. ☒ **11300**

MILE POST ☐

DISTANCE **20** **00** MILES ☐ **N** ☐ **E** ☒ **113TH AVE NE**

FEET ☒ **S** ☐ **W** ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4253487100**

LAST NAME **MARBET III** FIRST NAME **ARTHUR** MIDDLE INITIAL **L**

STREET NEW ADDRESS **5301 COLBY AVE APT 204**

CITY **EVERETT** ST **WA** ZIP **982033864**

CDL **B** RESTRICTIONS **B** ENDORSEMENTS **M**

DRIVER'S LICENSE # **MARBEAL494LN** STATE **WA** SEX **M** D.O.B. **06** **15** **1951**

ON DUTY ☐ STATUS ☐ AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **70399C** STATE **WA** VIN# **5FYD3FV125B028150**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2005** MAKE **NEW** MODEL **BUS** STYLE **BU** VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☒ NO ☐

REGISTERED OWNER INFO. **COMMUNITY TRANSIT 7100 HARDESON RD EVERETT WA 98203 D: 4253487100**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **WA ST TRANSIT INS POOL WSTIP 2015, FLEET POLICY**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☐ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 2064404000**

LAST NAME **WA DOT** FIRST NAME MIDDLE INITIAL

STREET NEW ADDRESS **NORTHWEST REGION PO BOX 330310**

CITY **SEATTLE** ST **WA** ZIP **98133**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE **U** D.O.B. **MMDDYYYY**

ON DUTY ☐ STATUS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY # CITATION # CHARGE

VEHICLE LEGALLY STANDING YES ☐ NO ☐



OFFICER'S NAME (PRINT) **J. KILROY #0132** BADGE OR ID # **#0132** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E416229**

CASE # **15-00974**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 was traveling west on SR 92 approaching the roundabout at 113th Ave NE. Unit 1 hit and damaged the sign directing traffic to the right of the median.

Driver of Unit 1 was at fault due to inattention to the roadway.

There were no passengers and aid was not needed. Unit 1 was driven from the scene.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Location Character: ROUNDABOUT

Motor Vehicle Unit 1

Traffic Control: ROUNDABOUT

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

04-15-15 12:16 AM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

4/15/2015 2:51:31 AM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

9:01 PM

TIME POLICE ARRIVED

9:06 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E416229**

CASE # **15-00974**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☒

UNIT #

1

USDOT

ICC #

VEHICLE TYPE

1

CARGO BODY TYPE

1

CARRIER NAME

COMMUNITY TRANSIT

CARRIER ADDRESS

7100 HARDESON RD

CITY

EVERETT

ST

WA

ZIP

98203

NAME SOURCE

1

AXLES

02

GVWR

39020

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

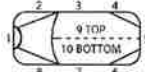
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING
YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING
YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

04-15-15 12:16 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

#0132

ORI #

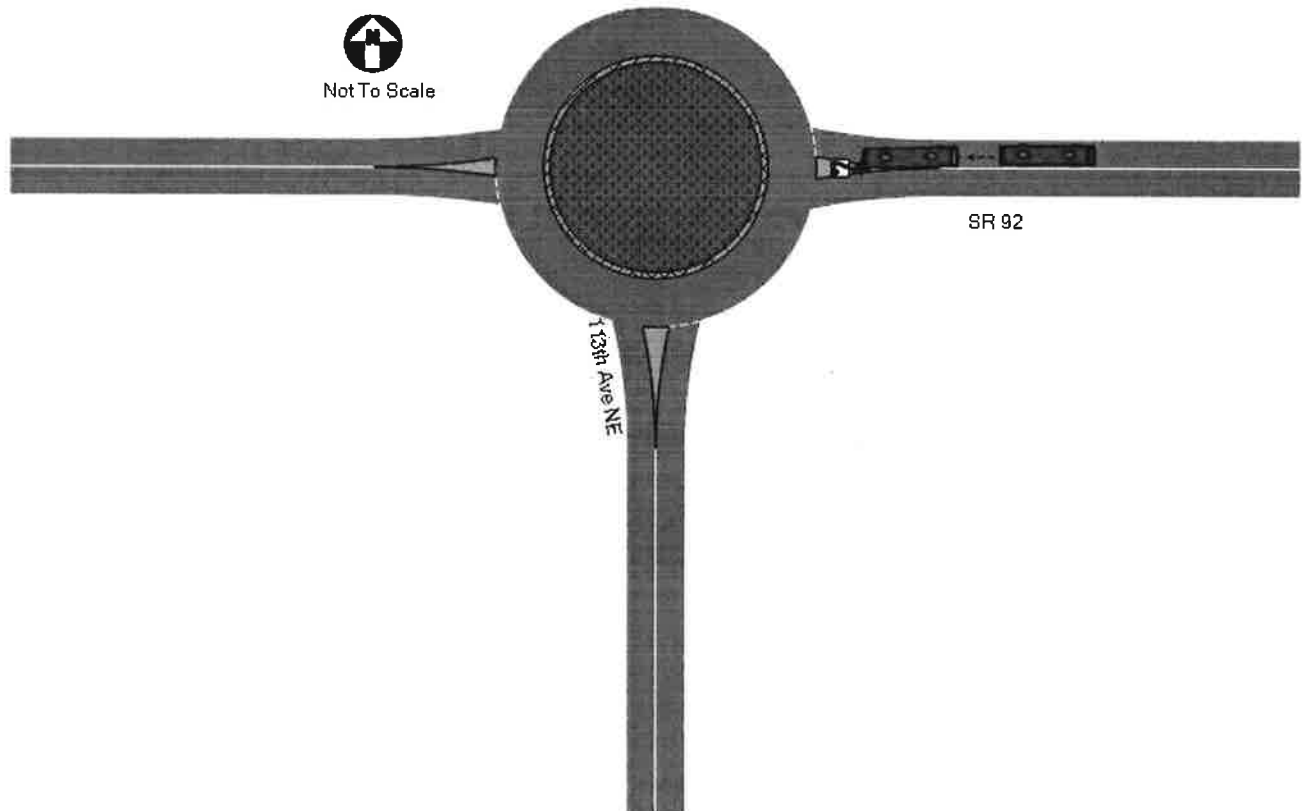
WA0311900

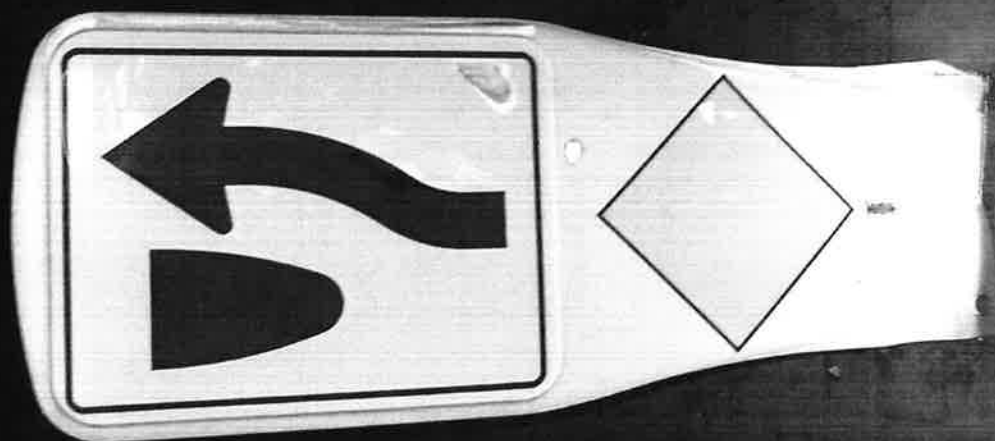
APPROVED BY
MINER

DATE
4/15/2015

PAGE **3**

OF **4**

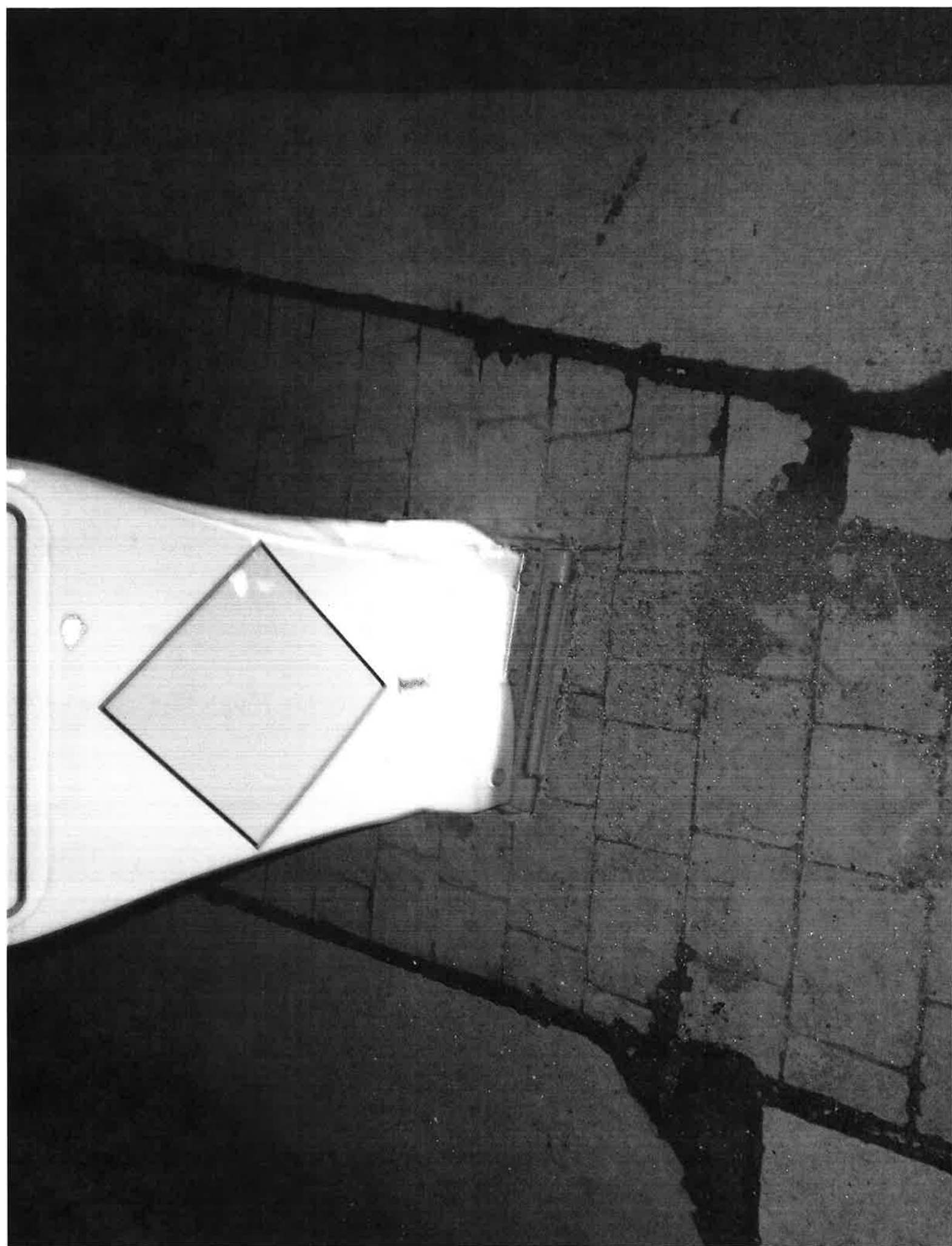




POLICE

1001

0212



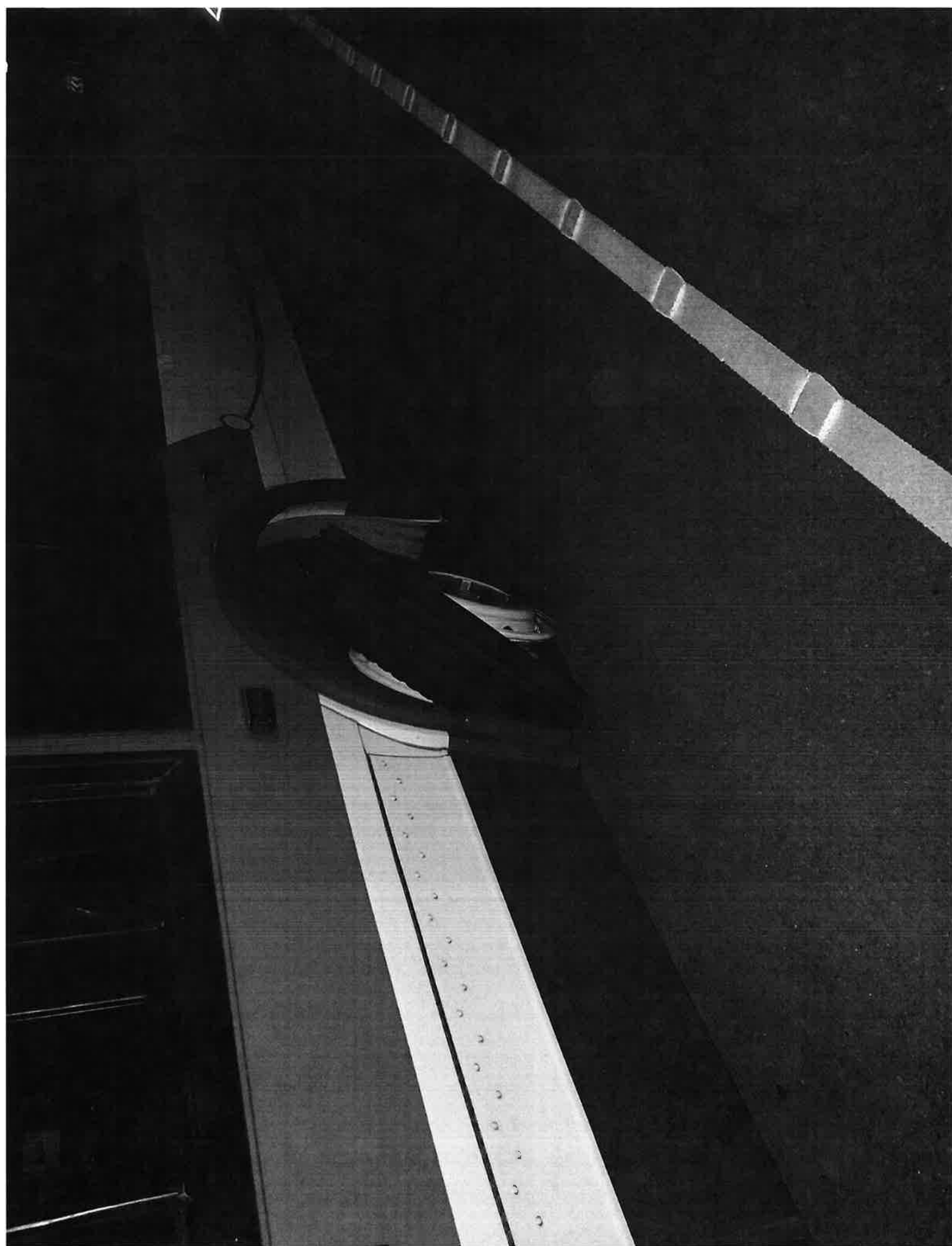












LAKE STEVENS POLICE EVIDENCE UNIT	Primary Officer/Badge Number <i>SKILROY 1132</i>	Case Number <i>15-00974</i>
Type of Crime: Felony / Misdemeanor (Circle)	Type of Case: <i>Collision</i>	Date/Time: <i>4/11/15</i>

Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING
 *Evi will be held until court dispo or when the Statute of Limitations has expired
 *Found and Sfkg will be held for 60 days or 60 days past owner notification

Case # 15-00974

Item # <i>DK1</i> Action # <i>3</i>	Item <i>CD w/ Digital Photos</i>	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item # Action #	Item	Brand Name		Storage Location	Disposition			
	Brand/Model/Caliber		(Further Description)					
	Serial #	Where Found	Weight of Narcotic					
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Incident History for: #SS15007160

Case Numbers: \$SS15000974

Entered 04/14/15 21:00:02 BY SPCT08 SP0379
Dispatched 04/14/15 21:00:31 BY SPDP17 SP0274
Enroute 04/14/15 21:00:31
Onscene 04/14/15 21:06:10
Closed 04/14/15 21:59:47

Initial Type: THAZ Initial Alarm Level: Final Alarm Level:

Final Type: THAZ (TRAFFIC HAZARD) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1719 Map Page: 377H-4 Group: SS1 Beat: NORT
Src: T

Loc: 11300 SR 92 , LKS -- ROUNDABOUT , LKS btwn 113 AV NE & GRADE RD (V)

Loc Info: SR 92 NEAR LOC

Name: UBERT, JULIE

Addr:

Phone: 4257607037

/2100 (SP0379) ENTRY , AC, 5 AGO, HEARD SOUND OF VEH HITTING SIGN NEAR
SOLAR-POWERED LIGHT, NOW SEES SIGN IN ROADWAY,
VEHS RUNNING OVER IT
/2100 (SP0274) AGCADV , BOLO
/2100 DISPER 19N3 #SS132 KILROY, OFFICER (JOSH)
/2106 (SS132) *ONSCNE 19N3
/2106? (SP0261) SUPP LOC: 113 AV NE/SR 92 , LKS,
NAM: COMMUNITY TRANSIT,
ADR: 7000 HARDESON RD , EVE,
PHO: 4254382765,
TXT: AC, NOW, NON BLKING, BUS HIT THE STREET SIGN
/2118 (*****) REMINQ 19N3 70399C
/2118 (SP0297) REMINQ 19N3 LIC, 19N3, 70399C, , ,
/2126 (SS95) *ASST 19S13 [11300 SR 92 , LKS]
#SS95 MINER, SGT (ROBERT)
/2126 *ONSCNE 19S13
/2127 (SP0297) ASNCAS 19N3 \$SS15000974
/2131 (SS95) \$PREMPT 19S13
/2159 (SS132) *CLEAR 19N3 D/H
/2159 CLOSE 19N3